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MN970427. Last TRICARE Support Contract Awarded  
Sierra Military Health Services of Baltimore, MD, has been awarded the contract for TRICARE health care delivery and managed-care support services in Department of Defense (DOD) Health Service Region 1.

Region 1, also known as TRICARE Northeast, consists of Maine, New Hampshire, Vermont, Massachusetts, Connecticut, Rhode Island, Delaware, Maryland, New Jersey, New York, Pennsylvania, the District of Columbia, and portions of Virginia and West Virginia.

TRICARE Region 1 is the last region to award a TRICARE contract.

Delivery of health care services under the new contractor is expected to begin May 1, 1998. According to Eileen Mejia, chief of marketing for Region 1, the next several months until May 1 will be a transition period for Sierra and DOD to prepare for full health care delivery under TRICARE.

"One of the lessons learned from other regions is seven months is the minimal amount of time needed for such activities as establishing the TRICARE Service Centers and provider networks throughout the region," said Mejia.

The \$1.2 billion contract is scheduled to run for five-and-a-half years, including the seven month start up period. The contract provides for five one-year options and contains incentives for good performance, including financial incentives for speed and accuracy in handling health care

claims.

Under TRICARE, military families have more health care choices than under CHAMPUS. Families in Region 1 will now have the option of enrolling in TRICARE Prime, which offers comprehensive benefits and low fees, or participating in TRICARE Standard, which is the same as CHAMPUS. Beneficiaries who don't participate in Prime also have the choice of using pre-selected civilian health care providers and facilities that provide a discount. This choice is called TRICARE Extra.

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#### MN970428. Pharmacy Users Get Mail Order Option

Washington, DC - An alternative to standing in line to fill prescriptions will be more convenient for patients - and will reduce DOD pharmaceutical costs.

DOD enters into a contract October 6 with Merck-Medco Managed Care of Maple Grove, MN, to operate a national mail order pharmacy program. Those eligible to participate will include:

- all active duty service members world-wide;
- TRICARE Prime enrollees whose Primary Care Manager (PCM) is at a military treatment facility;
- TRICARE Standard or Extra users in Alaska and Puerto Rico;
- overseas TRICARE beneficiaries with APO or FPO addresses;
- Uniformed Services Treatment Facility enrollees;
- Medicare-eligible patients in TRICARE Regions 1, 2 and 5 who are affected by a base realignment and closure (BRAC) action; and
- Specific BRAC sites in Alaska, California and Arkansas.

Because of international laws, medications can not be sent to non-APO or -FPO addresses overseas.

Medicare-eligible retirees enrolled in TRICARE Prime during an upcoming Medicare subvention demonstration will also be eligible. Locations for the demonstration have not yet been announced.

While the mail order program is expected to be helpful for beneficiaries who live far from military pharmacies, Navy Medicine officials expect most Sailors and Marines to continue to get their medications through Navy pharmacies because of the excellent service that's provided. During the last few years, pharmacies at Navy medical centers, hospitals and clinics have initiated a number of customer-friendly initiatives, including call-in prescription service, shorter waiting times, drive through pick-up windows, and, in a few locations, personalized services such as work or home delivery and e-mail prescription ordering.

Beneficiaries enrolled in TRICARE Prime with a civilian PCM at a civilian health care facility won't have access to the national mail order pharmacy program right away, but they already can use similar mail-in services provided by

TRICARE contractors. The only exception is Prime enrollees in the TRICARE Tidewater area whose civilian PCM is with Sentara Health Systems under contract to Naval Medical Center Portsmouth, VA. These Prime enrollees may participate in the national mail order program beginning October 6.

According to DOD officials, plans are underway to consolidate all mail order programs under this single mail order contract to simplify getting prescriptions by mail and reduce costs.

The mail-order program is free to active duty service members. Family members will be charged a \$4 co-pay per prescription, and retirees and their families an \$8 co-pay. Merck-Medco will provide up to a 90-day supply of non-narcotic and a 30-day supply of narcotic medication for each prescription. However, prescriptions will be filled with drugs carried by the program's national mail order program.

The service may be particularly attractive to travelers, including Sailors and Marines on temporary duty. "You can put a note in the envelope with your refill slip, giving them (Merck-Medco) the temporary address, and they'll mail the medication there," said Air Force Col. Patricia Hobbs, deputy director of DOD pharmacy programs. This applies to any location in the United States and to air and fleet post office addresses overseas.

People using the mail order pharmacy plan will still be able to talk to a pharmacist about their medication. Merck-Medco will operate a toll-free telephone service around the clock, with several lines dedicated to DOD callers.

"When it's 2 a.m. and you're not sure why you're reacting to medication, you can call the toll-free number and a pharmacist will be there to help," Hobbs said.

For more information, contact the Merck-Medco Customer Service line at 1 (800) 903-4680.

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#### MN970429. COMFEX 97-4 Tests COMFORT's Mettle

Baltimore, MD - Each year USNS COMFORT (T-AH 20) goes to sea loaded with medical personnel who practice treating combat casualties in a shipboard environment. After all, that's one of the ship's primary missions.

But when COMFORT left its resting place in Baltimore Harbor recently, it was on a training mission with a different focus. It was training for humanitarian relief.

The COMFEX-94 exercise was designed to train medical personnel how to cope with the unique medical problems an isolated treatment facility - such as COMFORT - might have when caring for a population that might be infected with highly contagious and deadly diseases such as tuberculosis and ebola as well as other medical problems.

"We need to learn from the (humanitarian) missions the COMFORT and MERCY have been on before," said CDR Allen Roberts, MC, head of medical services aboard COMFORT. "And infectious control is one of the main concerns during a

humanitarian relief mission."

The medical staff practiced such skills as how to take aboard contagious patients, screening processes and infant treatment. Much of the training involved using physical barriers to prevent the ship's crew and medical staff from becoming infected, but other scenarios were provided as well.

"It was very realistic," HN Gray Godbey said after an altercation with a simulated psychiatric patient. "At the debrief, the psych tech told me in a situation such as that, I needed to keep the area quiet because noise and people (can) irritate a psychiatric patient. I didn't know that."

Both trainees and independent consultants agreed the case scenarios were realistic and educational.

"The overall training was a success in proving that the COMFORT is capable of taking on humanitarian casualties successfully," said Roberts.

During the exercise, COMFORT was manned with medical personnel from National Naval Medical Center (NNMC) Bethesda, Naval Medical Center Portsmouth, and smaller naval medical facilities from the Middle Atlantic states.

By JO3 Jerome A. Pollos, NNMC Bethesda

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MN970430. Pensacola Revs Up for Integrated Medical Support

Pensacola, FL - Naval Hospital (NH) Pensacola hosted a two-day orientation for Naval Reservists recently to help smooth the way for an innovative training and contributory support plan that puts Reservists in the hospital working side by side with their active duty counterparts.

Reservists from seven Southeastern states who are assigned to the hospital's Reserve units as well as NH Pensacola full time staff met to be briefed on the soon-to-be implemented Integrated Medical Support Plan (IMSP). IMSP increases the amount of time Reservists spend in the hospitals through flexible drilling yet ensures accountability for mobilization readiness training.

Mobilization readiness is part of a naval hospital's mission to have its staff -individually or collectively - support the fleet anywhere in the world. It is one of the most important differences between military hospitals and civilian ones.

One of the advantages of IMSP is that many of the Reservists will mirror the jobs of their active duty counterparts, supplementing the hospital staff to support extended day and weekend appointments for patients, and also supporting the hospital during large scale deployment of hospital staff.

NH Pensacola will be the second Navy treatment facility to implement IMSP. National Naval Medical Center Bethesda and Naval Hospitals Camp Pendleton, Jacksonville, Great Lakes, Camp Lejeune, and Bremerton are scheduled to implement IMSP in the near future.

Naval Medical Center (NMC) San Diego was the first

facility to integrate Naval Reserve medical personnel as Pensacola will. According to NMC San Diego's Deputy Commander, CAPT Mitch Heroman, MC, IMSP is a resounding success at his medical center.

"IMSP works so well here that I consider the Naval Reservists part of my regular staff," he said. "During the recent exercise KERNEL BLITZ, when 600 of my active duty people deployed, the Reservists stepped in, and we were able to serve our beneficiaries without missing a beat - thanks to the Naval Reservists and their integrated support."

By Rod Duren, NH Pensacola

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#### MN970431. Rehab Center Dubbed "USS Kimmich" to Honor Namesake

Jacksonville, FL - When seventy-year-old orthopedic surgeon CAPT Haydee Kimmich, MC, retired recently at Naval Hospital (NH) Jacksonville, she left behind an enduring legacy and a rehabilitation center with her name on it.

Kimmich began her military career in the Air Force in 1977 at age 50 after a successful career as a civilian orthopedic surgeon.

"I wanted to spend three years in the Air Force, three years in the Navy, three years in the Army, work for the CIA and then maybe write a book," said Kimmich.

After three years in the Air Force, Kimmich focused on her next goal: The Navy.

"I transferred, fell in love with it, and chose to stay," said Kimmich.

Since joining the Navy in 1980, Kimmich channeled much of her energy into training new orthopedists.

"She has probably trained 80 percent of the orthopedists that are in the Navy," said CDR Don Rosenbaum, MC, NH Jacksonville's current head of Orthopedics. "She is the grand lady of orthopedics in the Navy."

Kimmich transferred to NH Jacksonville in 1995. She recognized the need for a patient rehabilitation clinic to aid in the reconditioning of injuries. Upon Kimmich's retirement, the clinic was nick-named "USS Kimmich" to honor its namesake.

By Teresa White, NH Jacksonville

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#### MN970432. Reserve Dental Program Started October 1

Washington, DC - Enrollment information and applications were mailed to more than 780,000 members of the Selected Reserve describing a new benefit called the TRICARE Selected Reserve Dental Program (TSRDP).

The enrollment package provides details about this new, low-cost, voluntary dental program that became available October 1 to Selected Reserve personnel of all branches of the military services who live in the 50 United States, the District of Columbia, Guam, Puerto Rico and the U.S. Virgin Islands.

Humana Military Healthcare Services Inc. (HMHS), contractor for the program, conducted the mailing. The TSRDP enrollment package explains the program and includes an application form, a benefits brochure, a postage-paid reply envelope and a toll-free telephone number which Reservists can call if they have questions. Eligible personnel will be able to enroll at any time.

Reservists who want to enroll in the plan must have at least 12 months of service remaining and must initially enroll for 12 months. After the initial 12-month period, Reservists may enroll on a month-to-month basis as long as they remain eligible and pay their premiums.

"This is an affordable benefit that will significantly increase the dental health readiness of our Selected Reservists," said Deborah R. Lee, assistant secretary of defense for reserve affairs. "I would highly encourage all eligible personnel to take advantage of it."

The Department of Defense will pay 60 percent of the monthly premium. Enrollees will pay only \$4.36 per month. In return for this premium, Reservists will receive covered diagnostic, preventive and emergency services, with no additional out-of-pocket costs. For covered restorative services, E-4s and below will pay a 10 percent cost share and E-5s and above will pay a 20 percent cost-share. For covered oral surgery, E-4s and below will pay a 30 percent cost-share and E-5s and above will pay a 40 percent cost-share. There is no deductible for the TSRDP, but the maximum benefit available is \$1,000 per enrollment year for covered services.

Selected Reserve members on extended active duty (beyond 30 days), active duty members, retired members, members of the Standby Reserve, Retired Reserve and Individual Ready Reserve and family members are not eligible for this plan. The plan is not available to Reservists living in Europe, Asia or areas outside the 50 United States, the District of Columbia, Puerto Rico, Guam and the U.S. Virgin Islands.

The toll-free number at HMHS to call about the TRICARE Selected Reserve Dental Insurance Program is 1-800-211-3614.

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#### MN970433. TRICARE Question and Answer

Question: I understand the Department of Defense has started a new National Mail Order Pharmacy Program where beneficiaries can send their prescriptions in and get their medications back in the mail. I've just retired from the Navy and just started a new job that includes health insurance with a pharmacy benefit. Can I still use the National Mail order Pharmacy Program?

Answer: No. If you have health insurance other than TRICARE, public law states the Department of Defense can't be the primary payer for medical services, including pharmacy services. However, TRICARE (CHAMPUS)-eligible beneficiaries may submit a claim with an explanation of

benefits to the TRICARE Support Office (CHAMPUS) for amounts not covered by the primary health insurance.

For more information about TRICARE and your military health care benefit, contact your local health benefits advisor or TRICARE Service Center. Additional information is also available on the Department of Defense Health Affairs Homepage on the World Wide Web at <www.ha.osd.mil>.

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MN970434. Healthwatch: Fat Is Bad - Or Is It?

Everyone agrees: fat is bad. Or is it?

For decades Americans have been told to reduce the amount of fat they eat. What it really boils down to is not only how much, but what kind.

"Everyone needs fat in their diet," said Col. Colin Meyer, chief of Defense Commissary Agency's (DCA) public health and food quality assurance unit and DCA's representative on the DOD Nutrition Committee. Fats are a major nutrient, important for growth and development, but there are limits on the amount we should eat because of its link to heart disease and cancer.

"The bottom line recommendation from the U.S. Food and Drug Administration is that adults should remove as much saturated fat as they can," said Meyer. That's sometimes a tall order for today's busy military families.

Recent studies show American fat consumption decreased between 1980 and 1991. Unfortunately, they also show our consumption of dietary fats is still above ideal goals. Even worse, reduced-fat foods may indirectly influence people to eat more!

Since they assume they are eating healthier, they feel like they have a license to overeat.

There are three basic types of fats: saturated, monounsaturated and polyunsaturated.

"All things considered, people need to pay more attention to the type of fat they eat. There is a huge difference between using olive oil and butter fat. Your primary focus should be to minimize saturated fat consumption," said Meyer.

The real culprit in coronary heart disease, and even some types of cancer, is saturated fat. Many animal-origin foods are high in saturated fats. Put simply, you can't say anything good about saturated fats. Polyunsaturated fats and monounsaturated fats are better. They predominate in many plant foods and have actually been shown to lower blood levels of LDL cholesterol.

According to Meyer, in general, canola, olive and peanut oils are better for you - they're highest in monounsaturated fats and lowest in saturated fat. Butterfat and coconut oil are the highest in saturated fats and should be avoided. To reduce exposure to trans-fatty acids, try liquid margarine instead of solid.

Many commonly used margarine and shortenings are chemically altered or "hydrogenated" to make them more solid

and butter-like at room temperature. But that process also causes them to become nearly as bad as saturated fats.

"The best thing that people can do to improve their diet, without dieting, is to make more healthful decisions," said Meyer. "The USDA recommends we reduce total dietary fat intake to 30 percent of total calories and reduce saturated fat intake to less than 10 percent of calories," said Meyer.

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Feedback and comments are welcome. Story submissions are encouraged. Contact Jan Davis, MEDNEWS editor, at e-mail <mednews@bms200.med.navy.mil>, telephone 202/762-3223 (DSN 762-3223), or fax 202/762-3224.